PRINTED: 06/30/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1801	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	06/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CROSSVILLE	80 JUSTICE ST CROSSVILLE, TN 38555

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment. The findings included: 1. Observation on 6/19/17 at 11:46 AM, revealed the three (3) hour fire wall doors in the memory care did not have bottom latching hardware. NFPA 80, 6.5.2 (2010 Edition) 2. Observation on 6/19/17 at 11:47 AM, revealed combustible carpet installed under the three (3) hour fire wall doors located in the memory care. NFPA 80, 4.8.5.2 (2010 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 6/19/17.	N 831	K920 1. a) On June 19, 2017 the Maintenance Director immediately removed the extension cords in the Health Information office and the beauty shop. 2. a) On July 6, 2017 the Maintenance Director completed an audit of the facility to ensure extension cords were not being utilized. No concerns found during audit. 3. a) Maintenance Director will complete an in-service with all staff on prohibited use of extension cords to be completed by July 27, 2017. Any associate who has not completed the education will not be scheduled to work until education is completed. b) The Maintenance Director and Maintenance Assistant will complete a weekly audit times four weeks and then monthly times three months to ensure extension cords are not utilized throughout the facility. 4. a) Maintenance Director will present the results of the audits to the Performance Improvement Committee. b) The Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Recreational Services, Director of Social Services, and Staff Development Coordinator will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process evaluated/revised, and or the audits reviewed for three months or until 100% compliance is achieved.	07/27/2017 07/27/2017 07/27/2017

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X5) DATE

Cathy M Rowe — Executive Director — 8/4/2017

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Division of Health Care Facilities

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LIFE CARE CENTER OF CROSSVILLE	80 JUSTICE ST CROSSVILLE, TN 38555

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N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment. The findings included: 1. Observation on 6/19/17 at 11:46 AM, revealed the three (3) hour fire wall doors in the memory care did not have bottom latching hardware. NFPA 80, 6.5.2 (2010 Edition) 2. Observation on 6/19/17 at 11:47 AM, revealed combustible carpet installed under the three (3) hour fire wall doors located in the memory care. NFPA 80, 4.8.5.2 (2010 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 6/19/17.	N 831	N831 1. a) The Maintenance Director will replace the hardware on the three hour fire wall doors in the memory care unit by July 27, 2017. b) The Maintenance Director will replace combustible carpet under the three hour fire wall doors in the memory care unit with a non-combustible threshold by July 27, 2017. 2. a) On July 6, 2017 Maintenance Director completed an audit of all other corridor doors. No concerns found during audit. 3. a) Maintenance Director completed an in-service with all maintenance associates on July 5, 2017 regarding the importance of not removing hardware from fire doors. b) Maintenance Director will audit fire doors monthly times three months to ensure no hardware is missing and doors function properly. 4. a) Maintenance Director will present the results of the audits to the Performance Improvement Committee. b) The Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Recreational Services, Director of Social Services, and Staff Development Coordinator will review the results. If it is deemed necessary by the Performance Improvement Committee, additional education may be provided, the process evaluated/revised, and or the audits reviewed for three months or until 100% compliance is achieved.	07/27/2017 07/27/2017 07/27/2017 07/27/2017 07/27/2017

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cathy M Rowe
TITLE: Executive Director
(X6) DATE: 8/4/2017

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